

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013223

STATE FILE NUMBER 1645

APR 20 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1645

1. PLACE OF DEATH

a. COUNTY

Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Gen. Hospital

Length of stay in lb. 6 lbs 5 1/2

d. STREET ADDRESS 6609 E. 48th Dr.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

HARRY MILTON CLARK

4. DATE OF DEATH

Month

Day

Year

3 31 59

5. SEX

Male

6. COLOR OR RACE

WH.

7. MARRIED ☐ NEVER MARRIED ☐
WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH

MAY 15, 1898

9. AGE (In years last birthday) 60

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
WAITER

10b. KIND OF BUSINESS OR INDUSTRY
WAITER

11. BIRTHPLACE (City and state or country)
ATCHISON, KANSAS

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME

NORVAL C. CLARK

13b. MOTHER'S MAIDEN NAME

ALICE E. TAYLOR

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
460-07-5283

17. INFORMANT Address
NEVA B. WORDEN, 6609 E. 48th TER. N.K.C.MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of throat with massive hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INTERVAL BETWEEN ONSET AND DEATH

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
148X

20c. TIME OF INJURY
Hour a.m. Month, Day, Year p.m.

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21. I attended the deceased from 3-31-59 to 3-31-59 and last saw her alive on 3-31-59
Death occurred at 10:55 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Abraham Gelpert

22b. ADDRESS

Gen. Hospital

22c. DATE SIGNED

4-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE

4-2-59

23c. NAME OF CEMETERY OR CREMATORY

GREEN LAWN CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Geo. C. CARSON & SONS, INDEP. MO.

25. DATE RECD. BY LOCAL REG.

4-1-59

26. REGISTRAR'S SIGNATURE

Neva Marshall

All diseases in Part I must be causally related.

Abraham Gelpert, M.D., USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.